

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | 14 | | 05-02-01 |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | MM | 920 | 06-25-01 |
| RESPONSE FORMALITY REVIEW | 7request | 925 | 10-10-01 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral).... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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BEST AVAILABLE COPY

C-
 06-25-01
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